

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cramer for Congress

ADDRESS (number and street)

PO Box 396



Check if different than previously reported. (ACC)

Bismarck

ND

58502

2. FEC IDENTIFICATION NUMBER ▼

C C00504704

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

ND

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 10 2014

in the State of

ND

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
04 01 2014

through

M M / D D / Y Y Y Y
05 21 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher M. Marston

Signature of Treasurer

Christopher M. Marston

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 29 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 67

Write or Type Committee Name

Cramer for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	109847.50	869961.09
(b) Total Contribution Refunds (from Line 20(d))	0.00	10015.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	109847.50	859946.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	64662.89	412963.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	180.20	2432.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	64482.69	410531.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	549941.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1040.12	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 67

Write or Type Committee Name

Cramer for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

47860.00

445292.04

(ii) Unitemized.....

14486.50

92668.05

(iii) TOTAL of contributions from individuals ▶

62346.50

537960.09

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

47501.00

332001.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

109847.50

869961.09

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

180.20

2432.33

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

110027.70

872393.42

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 67

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	64662.89	412963.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	10015.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	10015.00
21. OTHER DISBURSEMENTS	0.00	9300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	64662.89	432278.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	504576.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	110027.70
25. SUBTOTAL (add Line 23 and Line 24).....	614604.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64662.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	549941.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

CYNTHIA AAFEDT

A.

Mailing Address P.O. BOX 2255

425 E 13 ST

City

WILLISTON

State

ND

Zip Code

58802-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer

EL RANCHO

Occupation

HOTEL OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4659

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CYNTHIA AAFEDT

B.

Mailing Address P.O. BOX 2255

425 E 13 ST

City

WILLISTON

State

ND

Zip Code

58802-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer

EL RANCHO

Occupation

HOTEL OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4659B

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

CYNTHIA AAFEDT

C.

Mailing Address P.O. BOX 2255

425 E 13 ST

City

WILLISTON

State

ND

Zip Code

58802-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer

EL RANCHO

Occupation

HOTEL OWNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4809

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

JOEL ANDERSON

A.

Mailing Address 6690 75TH AVE NE

City

STARKWEATHER

State

ND

Zip Code

58377-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2014

Transaction ID : SA11.4777

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KELLY M. ARMSTRONG

B.

Mailing Address 513 ELKS DR.

430 5TH STREET SW

City

DICKINSON

State

ND

Zip Code

58601-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11.4345

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KELLY M. ARMSTRONG

C.

Mailing Address 513 ELKS DR.

430 5TH STREET SW

City

DICKINSON

State

ND

Zip Code

58601-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11.4345B

Amount of Each Receipt this Period

-900.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

KELLY M. ARMSTRONG

A.

Mailing Address 513 ELKS DR.

430 5TH STREET SW

City

DICKINSON

State

ND

Zip Code

58601-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11.4421

Amount of Each Receipt this Period

900.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

REP. WESLEY BELTER

B.

Mailing Address 4426 58TH ST S

City

FARGO

State

ND

Zip Code

58104-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11.4448

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN BOUSTEAD

C.

Mailing Address 1203 E HIGHLAND ACRES ROAD

P.O. BOX 1692 UKKC120204

City

BISMARCK

State

ND

Zip Code

58501-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2014

Transaction ID : SA11.4684

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

300.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial)

BARBARA BRITSCH

Mailing Address 412 RIDGEWOOD RD

City

DEVILS LAKE

State

ND

Zip Code

58301-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4668

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAN BUTLERMailing Address 6 BRIARWOOD PLACE
UKCC120201

City

FARGO

State

ND

Zip Code

58104-7308

FEC ID number of contributing
federal political committee.

C

Name of Employer

BUTLER MACHINERY

Occupation

DEALER/PRINCIPAL

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2014

Transaction ID : SA11.4435

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KENTON CALLAHANMailing Address 822 2ND AVE E
UKCC120201

City

WILLISTON

State

ND

Zip Code

58801-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTANA-DAKOTA UTILITIES

Occupation

ENERGY SERVICES MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2014

Transaction ID : SA11.4722

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

KEVIN CHRISTIANSON

A.

Mailing Address 1035 47TH PL W

City

WEST FARGO

State

ND

Zip Code

58078-4066

FEC ID number of contributing
federal political committee.

C

Name of Employer

PACES LODGING CORP

Occupation

CONTRACTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11.4613

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM CLAIRMONT

B.

Mailing Address 1720 BURNT BOAT DRIVE

City

BISMARCK

State

ND

Zip Code

58503-0801

FEC ID number of contributing
federal political committee.

C

Name of Employer

COUNTRY WEST

Occupation

REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : SA11.4463

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

TIMOTHY CORWIN

C.

Mailing Address 201 40TH ST S
UKKC120204

City

FARGO

State

ND

Zip Code

58103-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORWIN TOYOTA

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4746

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

MICHELLE CURRIER**A.**

Mailing Address 6444 13TH STREET N

City

FARGO

State

ND

Zip Code

58102-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAKOTA FENCE

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SA11.4450

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

REP. CHARLES DAMSCHEN**B.**

Mailing Address 9461 80TH ST NE

UKCC120201

City

HAMPDEN

State

ND

Zip Code

58338-9351

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		17		2014

Transaction ID : SA11.4650

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES E. DIXON**C.**

Mailing Address 1200 HARWOOD DR S

UKKC120206

City

FARGO

State

ND

Zip Code

58104-6298

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11.4727

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

PENNY EASTMAN**A.**

Mailing Address 6616 ROSECROFT PLACE

City

FALLS CHURCH

State

VA

Zip Code

22043-

FEC ID number of contributing
federal political committee.

C

Name of Employer

EID PASSPORRT

Occupation

VP OF GOVERNMENT AFFAIRS

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11.4671

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE EHLIS**B.**

Mailing Address 517 PARK ST

City

DICKINSON

State

ND

Zip Code

58601-

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN BANCOR LTD

Occupation

BANKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11.4573

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DICK ELKIN**C.**Mailing Address 2523 SHARPS PL
UKCC120201

City

BISMARCK

State

ND

Zip Code

58503-0969

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4738

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

GERALDINE ENOCKSON

A.

Mailing Address 2908 TYLER PKWY

City

BISMARCK

State

ND

Zip Code

58503-

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		07		2014

Transaction ID : SA11.4502

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MIKE T. FITZMAURICE

B.

Mailing Address P.O. BOX 3086

322 8TH AVENUE SE

City

MINOT

State

ND

Zip Code

58702-3086

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

OIL & GAS EXPLORATION

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2014

Transaction ID : SA11.4761

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED
(AUTOMATIC)

Full Name (Last, First, Middle Initial)

DR. DENISE FORTE-PATHROFF

C.

Mailing Address 5601 HIGHWAY 1804 S

City

BISMARCK

State

ND

Zip Code

58504-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DOCTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4672

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

JEFF FORWARD

Mailing Address 436 N. 10TH STREET

UKCC120201

City

OAKES

State

ND

Zip Code

58474-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMING

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4741

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WALTER GRONHOVD

Mailing Address 8164 109TH AVE NE

UKCC120201

City

FAIRDALE

State

ND

Zip Code

58229-9441

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

RETIRED FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11.4685

Amount of Each Receipt this Period

30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAVON GRUBB

Mailing Address 1829 8TH ST SW

City

MINOT

State

ND

Zip Code

58701-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SA11.4499

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

630.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

LAVON GRUBB

A.

Mailing Address 1829 8TH ST SW

City

MINOT

State

ND

Zip Code

58701-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		17		2014

Transaction ID : SA11.4657

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

REP. CRAIG HEADLAND

B.

Mailing Address 4950 92ND AVENUE SE

City

MONTPELIER

State

ND

Zip Code

58472-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : SA11.4359

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

EUGENE HOLEN

C.

Mailing Address P.O. BOX 73
UKCC120201

City

ARNEGARD

State

ND

Zip Code

58835-0073

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

HIGH SCHOOL TEACHER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SA11.4510

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

LARRY HOWARD

A.

Mailing Address 5477 119TH AVE NW

City

RAY

State

ND

Zip Code

58849-9220

FEC ID number of contributing
federal political committee.

C

Name of Employer

USPS

Occupation

US MAIL CARRIER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11.4638

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELIZABETH ANN INGLE

B.

Mailing Address 33911 HIGH POINT DR

City

MAGNOLIA

State

TX

Zip Code

77355-1765

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2014

Transaction ID : SA11.4757

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEFF M. JOHNSON

C.

Mailing Address 2818 30TH AVENUE S

City

FARGO

State

ND

Zip Code

58103-6152

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTEGRITY WINDOWS & DOORS

Occupation

HOME IMPROVEMENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11.4446

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

MARLIN JOHNSON

Mailing Address 1118 WEST HIGHLAND ACRES RD

UKCC120201

City

BISMARCK

State

ND

Zip Code

58501-1257

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

Transaction ID : SA11.4506

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEANETTE KENNER

Mailing Address 5606 57TH STREET NE

City

LEEDS

State

ND

Zip Code

58346-9527

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11.4792

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROGER KENNER

Mailing Address 5606 57TH STREET NE

5606 57 ST NE

City

LEEDS

State

ND

Zip Code

58346-9527

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER/RANCHER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11.4793

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

CURTIS H. KESSELRING

Mailing Address P.O. BOX 2123

635 HARWOOD DRIVE UKCC120201

City

FARGO

State

ND

Zip Code

58107-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAINTENANCE ENGINEERING LTD.

Occupation

PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11.4612

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BILL KINGSBURY

Mailing Address 143 EASTWOOD DRIVE

UKCC120201

City

GRAFTON

State

ND

Zip Code

58237-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11.4445

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MONTE KJOS

Mailing Address 3102 26TH AVENUE S

City

FARGO

State

ND

Zip Code

58103-5067

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE BROKER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		01		2014

Transaction ID : SA11.4462

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3200.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

PHIL KRAEMER

Mailing Address 2696 FOX FARM ROAD

UKCC120201

City

GRAND FORKS

State

ND

Zip Code

58203-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer

LUNSETH PLBG & HTG

Occupation

MECHANICAL CONTRACTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SA11.4540

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GARY KRAMLICH SR.

Mailing Address 408 N BROADWAY

6 GLACIAL COURT UKKC120204

City

MINOT

State

ND

Zip Code

58703-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer

GARY KRAMLICH REALTY

Occupation

REALTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4784

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLIFFORD KROPP

Mailing Address 8669 29TH ST SE

City

JAMESTOWN

State

ND

Zip Code

58401-

FEC ID number of contributing
federal political committee.

C

Name of Employer

KROPP FARMS

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11.4687

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

HERBERT LEVIN

A.

Mailing Address 724 E GRINNELL DR

City

BURBANK

State

CA

Zip Code

91501-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEPT. OF JUSTICE STATE OF CALIFORNIA

Occupation

LAWYER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11.4732

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLARICE LIECHTY

B.

Mailing Address P.O. BOX 467

PO BOX 467, 511 8TH STREET SW UKCC

City

JAMESTOWN

State

ND

Zip Code

58402-0467

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER/REAL ESTATE INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : SA11.4459

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK MADDOX

C.

Mailing Address 913 ST STEPHENS ROAD

City

ALEXANDRIA

State

VA

Zip Code

22304-

FEC ID number of contributing
federal political committee.

C

Name of Employer

MADDOX STRATEGIES LLC

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4758

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1075.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

BRADLEY MOEN**A.**

Mailing Address 1227 2ND AVENUE N.W.

City

VALLEY CITY

State

ND

Zip Code

58072-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

FEI INC

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SA11.4525

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARY K. OLSON**B.**

Mailing Address 1531 6TH AVE NE

City

JAMESTOWN

State

ND

Zip Code

58401-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11.4595

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK OWAN**C.**

Mailing Address PO BOX 1251

City

WILLISTON

State

ND

Zip Code

58802-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4779

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

MR. WAYNE PAPKE

Mailing Address 1612 RIVER DRIVE NORTHEAST

1612 RIVER DRIVE NE UKCC120201

City	State	Zip Code
MANDAN	ND	58554-

FEC ID number of contributing federal political committee.

C

Name of Employer
INVESTMENT CENTERS OF AMERICAOccupation
FINANCIAL ADVISOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : SA11.4346

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD PARRISH

Mailing Address 4000 139TH ST NE

City	State	Zip Code
SURREY	ND	58785-9590

FEC ID number of contributing federal political committee.

C

Name of Employer
N/AOccupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11.4731

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES PEDERSON

Mailing Address 2800 N CENTRAL AVE STE #1500

City	State	Zip Code
PHOENIX	AZ	85004-1046

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFCOccupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11.4696

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial) GARY PETERSEN		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address P.O. BOX 787 UKCC120201		Transaction ID : SA11.4742	
City NEW TOWN	State ND	Zip Code 58763-0787	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer LAKESIDE STATE BANK	Occupation BANKER		CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
B. Full Name (Last, First, Middle Initial) DEWEY B. ROBSON		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 1200 HARWOOD DR S APT 312 UKCC120201		Transaction ID : SA11.4603	
City FARGO	State ND	Zip Code 58104-6293	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer RETIRED	Occupation RETIRED		CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		
C. Full Name (Last, First, Middle Initial) DOUGLAS J. RUED		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 1911 TERRACE DRIVE UKCC120201		Transaction ID : SA11.4335	
City MINOT	State ND	Zip Code 58703-1169	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer BREMER INSURANCE	Occupation INSURANCE AGENT		CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional).....		4650.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

MARK SANFORD

A.

Mailing Address 675 VINEYARD DR

City

GRAND FORKS

State

ND

Zip Code

58201-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : SA11.4342

Amount of Each Receipt this Period

225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RHONDA SCHAFFER

B.

Mailing Address 48 CAPTAIN MARSH DR.

City

MANDAN

State

ND

Zip Code

58554-

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : SA11.4331

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHEILA SCHAFFER

C.

Mailing Address 1111 N 1ST ST APT 51
UKKC120204

City

BISMARCK

State

ND

Zip Code

58501-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SA11.4482

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

825.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

RAYMOND SHARKEY

A.

Mailing Address 545 3RD STREET E.

City

WESTHOPE

State

ND

Zip Code

58793-4100

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEOPLES STATE BANK

Occupation

BANKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SA11.4444

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONALD SIVERTSON

B.

Mailing Address 11702 34TH ST NW

UKCC120201

City

WATFORD CITY

State

ND

Zip Code

58854-9628

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHING

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11.4675

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS SKADRON

C.

Mailing Address 178 E MARIE AVE

City

WEST ST PAUL

State

MN

Zip Code

55118-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

VET

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11.4736

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
KEVIN SKUNES

Mailing Address P.O. BOX 151

City State Zip Code
ARTHUR ND 58006-0151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : SA11.4354

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LINDA SMITH

Mailing Address 3345 142ND AVE SE

City State Zip Code
BUFFALO ND 58011-9767

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11.4718

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD H. SOLBERG

Mailing Address 4330 CARRIE ROSE LANE S

City State Zip Code
FARGO ND 58104-6818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE BANK AND TRUST PRESIDENT

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11.4677

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

STEPHEN L. STENEHJEM

A.

Mailing Address P.O. BOX 1162

UKCC120201

City

WATFORD CITY

State

ND

Zip Code

58854-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIRST INT'L BANK & TRUST

Occupation

BANKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : SA11.4336

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED
(AUTOMATIC)

Full Name (Last, First, Middle Initial)

TODD STRIKER

B.

Mailing Address 5023 WOODHURST LANE

City

MINNETONKA

State

MN

Zip Code

55345-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOURSCORE RESOURCE CAPITAL

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11.4730

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN TRAYNOR

C.

Mailing Address 801 SOUTHWOOD DRIVE S

City

FARGO

State

ND

Zip Code

58103-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAKOTA MEDICAL FOUNDATION

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SA11.4449

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial)

MYLYNN TUFTE

Mailing Address 3630 26 ST SE

City

DAWSON

State

ND

Zip Code

58428-9678

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : SA11.4360

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARLENE VCULEK

Mailing Address P.O. BOX 34

P.O. BOX 34

City

OAKES

State

ND

Zip Code

58474-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SA11.4481

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARRY VOCCOLA

Mailing Address 97 MCCUTCHEON CT

City

MIDDLETOWN

State

NJ

Zip Code

07748-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11.4697

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

SHEILA M. WHITE

A.

Mailing Address 3308 46TH AVE., SE

City

MANDAN

State

ND

Zip Code

58554-4730

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOUSEWIFE

Occupation

HOUSEWIFE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SA11.4626

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RODNEY WILHELM

B.

Mailing Address 305 BUSINESS LOOP W

City

JAMESTOWN

State

ND

Zip Code

58401-

FEC ID number of contributing
federal political committee.

C

Name of Employer

DON WILHELM INC.

Occupation

DEALER PRINCIPAL

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4753

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAN WILSON

C.

Mailing Address 12 BROADWAY N UNIT 302

City

FARGO

State

ND

Zip Code

58102-5242

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4754

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 67
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial) DAVID WISDOM		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 3290 42ND STREET UKCC120201		Transaction ID : SA11.4743	
City MANDAN	State ND	Zip Code 58554-8327	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer SELF		Occupation REALTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	
B. Full Name (Last, First, Middle Initial) ROBERT YOUNG		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 3750 HIGHWAY 3 UKKC120204		Transaction ID : SA11.4681	
City STEELE	State ND	Zip Code 58482-9503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00	
Name of Employer SELF		Occupation MECHANIC/MACHINIST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 210.00	
C. Full Name (Last, First, Middle Initial) CONFEDERATED TRIBES OF GRAND RONDE		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 9615 GRAND RONDE ROAD		Transaction ID : SA11.4776	
City GRAND RONDE	State OR	Zip Code 97347-9712	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	
SUBTOTAL of Receipts This Page (optional).....		3030.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

UNITED AUBURN INDIAN COMMUNITY OF THE AUBURN RANCHERIA

A.

Mailing Address 455 CAPITOL MALL, SUITE 600

City

SACRAMENTO

State

CA

Zip Code

95814-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11.4665

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

47860.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 67

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22203-1867

FEC ID number of contributing federal political committee.

C C00504704

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SA11.4752

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ALLETE PAC

Mailing Address 30 W SUPERIOR ST

City

DULUTH

State

MN

Zip Code

55802-2191

FEC ID number of contributing federal political committee.

C C00142489

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : SA11.4464

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. AMERICAN ASSOCIATION OF CROP INSURERS PAC

Mailing Address 1 MASSACHUSETTS AVE NW STE 800

City

WASHINGTON

State

DC

Zip Code

20001-1401

FEC ID number of contributing federal political committee.

C C00172833

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11.4664

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION

Mailing Address 1120 CONNECTICUT AVENUE NW

City

WASHINGTON

State

DC

Zip Code

20036-3905

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4658

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN SOYBEAN ASSOCIATION

Mailing Address 12125 WOODCREST EXECUTIVE DRIVE, S

City

ST. LOUIS

State

MO

Zip Code

63141-5009

FEC ID number of contributing
federal political committee.

C C00408468

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4666

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ARCH COAL, INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE CITY PLACE DRIVE, SUITE 300

City

ST. LOUIS

State

MO

Zip Code

63141-7014

FEC ID number of contributing
federal political committee.

C C00167668

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11.4458

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 67

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
BNSF RAILPAC

Mailing Address **PO BOX 961039**

City State Zip Code
FORT WORTH TX 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11.4355

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CF INDUSTRIES EMPLOYEES' GOOD GOVERNMENT FUND

Mailing Address **4 PARKWAY NORTH, SUTE 400**

City State Zip Code
DEERFIELD IL 60015-2542

FEC ID number of contributing federal political committee. **C C00076588**

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.4721

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHS INC PAC

Mailing Address **PO BOX 64089**

City State Zip Code
SAINT PAUL MN 55164-0089

FEC ID number of contributing federal political committee. **C C00149104**

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11.4674

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial) CULAC THE PAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		21		2014
M M	/	D D	/	Y Y Y Y								
05		21		2014								
Mailing Address 601 PENNSYLVANIA AVENUE NW, SOUTH SOUTH BUILDING, SUITE 600		Transaction ID : SA11.4745										
City WASHINGTON	State DC Zip Code 20004-											
FEC ID number of contributing federal political committee. C C00007880		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table> CONTRIBUTION	3000.00									
3000.00												
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00										
3000.00												

B. Full Name (Last, First, Middle Initial) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		21		2014
M M	/	D D	/	Y Y Y Y								
05		21		2014								
Mailing Address 412 FIRST ST SE		Transaction ID : SA11.4759										
City WASHINGTON	State DC Zip Code 20003-1804											
FEC ID number of contributing federal political committee. C C00040998		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> CONTRIBUTION	5000.00									
5000.00												
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00										
5000.00												

C. Full Name (Last, First, Middle Initial) EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		19		2014
M M	/	D D	/	Y Y Y Y								
05		19		2014								
Mailing Address 2980 FAIRVIEW PARK DRIVE		Transaction ID : SA11.4709										
City FALLS CHURCH	State VA Zip Code 22042-4511											
FEC ID number of contributing federal political committee. C C00088591		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> CONTRIBUTION	2500.00									
2500.00												
Name of Employer	Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00										
10000.00												

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10500.00											
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SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial) HONEYWELL INTERNATIONAL PAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		21		2014
M M	/	D D	/	Y Y Y Y									
05		21		2014									
Mailing Address 101 CONSTITUTION AVE NW, STE 500 W		Transaction ID : SA11.4774											
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>3944.16</td> </tr> </table> CONTRIBUTION					3944.16					
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FEC ID number of contributing federal political committee. C C00096156													
Name of Employer	Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>6001.00</td> </tr> </table>						6001.00						
				6001.00									
B. Full Name (Last, First, Middle Initial) HONEYWELL INTERNATIONAL PAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		21		2014
M M	/	D D	/	Y Y Y Y									
05		21		2014									
Mailing Address 101 CONSTITUTION AVE NW, STE 500 W		Transaction ID : SA11.4775											
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1056.84</td> </tr> </table> CONTRIBUTION					1056.84					
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FEC ID number of contributing federal political committee. C C00096156													
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>6001.00</td> </tr> </table>						6001.00						
				6001.00									
C. Full Name (Last, First, Middle Initial) INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		01		2014
M M	/	D D	/	Y Y Y Y									
05		01		2014									
Mailing Address 412 FIRST ST SE, SUITE 200		Transaction ID : SA11.4467											
City WASHINGTON	State DC	Zip Code 20003-1804	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>2500.00</td> </tr> </table> CONTRIBUTION					2500.00					
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FEC ID number of contributing federal political committee. C C00022343													
Name of Employer	Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>2500.00</td> </tr> </table>						2500.00						
				2500.00									
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>7501.00</td> </tr> </table>						7501.00					
				7501.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L ST. N.W., STE. 900

City

WASHINGTON

State

DC

Zip Code

20036-5623

FEC ID number of contributing
federal political committee.**C** C00032698

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4662

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KOCHPAC

Mailing Address 600 14TH ST NW, STE 800

City

WASHINGTON

State

DC

Zip Code

20005-2099

FEC ID number of contributing
federal political committee.**C** C00236489

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4660

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KOCHPAC

Mailing Address 600 14TH ST NW, STE 800

City

WASHINGTON

State

DC

Zip Code

20005-2099

FEC ID number of contributing
federal political committee.**C** C00236489

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2014

Transaction ID : SA11.4771

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

5500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MDU RESOURCES GROUP

Mailing Address **PO BOX 5650**

City	State	Zip Code
BISMARCK	ND	58506-5650

FEC ID number of contributing federal political committee.

C C00163253

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2014

Transaction ID : SA11.4661

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **16011 NE 36TH WAY**
BOX 97017

City	State	Zip Code
REDMOND	WA	98052-6301

FEC ID number of contributing federal political committee.

C C00227546

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11.4338

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **16011 NE 36TH WAY**
BOX 97017

City	State	Zip Code
REDMOND	WA	98052-6301

FEC ID number of contributing federal political committee.

C C00227546

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11.4339

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

Mailing Address 2901 TELESTAR COURT

City State Zip Code
 FALLS CHURCH VA 22042-1260

FEC ID number of contributing
federal political committee.

C C00005249

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 21 2014

Transaction ID : SA11.4785

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION PAC

Mailing Address 1101 KING STREET, SUITE 600

City State Zip Code
 ALEXANDRIA VA 22314-2965

FEC ID number of contributing
federal political committee.

C C00144766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 21 2014

Transaction ID : SA11.4751

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL SUNFLOWER ASSOCIATION PAC (SUNPAC)

Mailing Address 4023 STATE ST

City State Zip Code
 BISMARCK ND 58503-0690

FEC ID number of contributing
federal political committee.

C C00239939

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 17 2014

Transaction ID : SA11.4669

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 67

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial)

OTTER TAIL POWER COMPANY PAC

Mailing Address PO BOX 944

City	State	Zip Code
FERGUS FALLS	MN	56538-0944

FEC ID number of contributing federal political committee.

C C00292136

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11.4663

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PROFESSIONAL INSURANCE AGENTS (PIA) PAC

Mailing Address 400 NORTH WASHINGTON ST

City	State	Zip Code
ALEXANDRIA	VA	22314-2366

FEC ID number of contributing federal political committee.

C C00004994

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11.4673

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

REALTORS PAC

Mailing Address 430 N MICHIGAN AVE

City	State	Zip Code
CHICAGO	IL	60611-4011

FEC ID number of contributing federal political committee.

C C00488742

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11.4451

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

47501.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. KEVIN J CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
REIMBURSEMENT - JAN -MARCH TRAVEL EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

3621.20

Transaction ID : SB17.I521

B. KEVIN J CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

2811.20

Transaction ID : SB17.I578

[MEMO ITEM]

CRAMER 4/10

C. KEVIN J CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
PER DIEM (21 DAYS)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

810.00

Transaction ID : SB17.I579

[MEMO ITEM]

CRAMER 4/10

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3621.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. KRIS CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
REIMBURSEMENT OF NON-TRAVEL EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

2398.67

Transaction ID : SB17.I525

B. DELTA

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2014

Amount of Each Disbursement this Period

357.00

Transaction ID : SB17.I501

[MEMO ITEM]

CRAMER 4/23

C. DELTA

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

662.00

Transaction ID : SB17.I502

[MEMO ITEM]

CRAMER 4/23

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2398.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN

Mailing Address P.O. BOX 30321

City	State	Zip Code
SALT LAKE CITY	UT	84130

Purpose of Disbursement
ROOM

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2014

Amount of Each Disbursement this Period

285.10

Transaction ID : SB17.I516

[MEMO ITEM]

CRAMER 4/23

B. SAM'S CLUB

Mailing Address 2821 ROCK ISLAND PLACE

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2014

Amount of Each Disbursement this Period

142.83

Transaction ID : SB17.I545

[MEMO ITEM]

CRAMER 4/23

C. STAPLES

Mailing Address 840 S WASHINGTON

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2014

Amount of Each Disbursement this Period

7.70

Transaction ID : SB17.I548

[MEMO ITEM]

CRAMER 4/23

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. STARBUCKS

Mailing Address 2401 UTAH AVE S

City	State	Zip Code
SEATTLE	WA	98134

Purpose of Disbursement
BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

19.42

Transaction ID : SB17.I550

[MEMO ITEM]

CRAMER 4/23

B. STARBUCKS

Mailing Address 2401 UTAH AVE S

City	State	Zip Code
SEATTLE	WA	98134

Purpose of Disbursement
BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

290.25

Transaction ID : SB17.I551

[MEMO ITEM]

CRAMER 4/23

C. STARBUCKS

Mailing Address 2401 UTAH AVE S

City	State	Zip Code
SEATTLE	WA	98134

Purpose of Disbursement
BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2014

Amount of Each Disbursement this Period

290.25

Transaction ID : SB17.I552

[MEMO ITEM]

CRAMER 4/23

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. KRIS CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I526

B. KRIS CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I527

C. KRIS CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I528

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. KRIS CRAMER

Mailing Address 4256 HIGHCREEK RD

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I529

B. WHITNEY FAUL

Mailing Address 4701 N BAY DR.

City	State	Zip Code
MANDAN	ND	58554

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.I571

C. RACHEL WEGNER

Mailing Address 5101 SUNLIGHT DR

City	State	Zip Code
BISMARCK	ND	58503

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

351.30

Transaction ID : SB17.I537

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2251.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 541 S 7TH ST

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

266.71

Transaction ID : SB17.I489

B. AT&T

Mailing Address 541 S 7TH ST

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

266.40

Transaction ID : SB17.I490

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

331.85

Transaction ID : SB17.I491

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

864.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

66.20

Transaction ID : SB17.I492

B. CAREN MIKESH AND ASSOCIATES

Mailing Address 3549 WOODBURY PARK DR S

City	State	Zip Code
FARGO	ND	58103

Purpose of Disbursement
ADVERTISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

1162.24

Transaction ID : SB17.I493

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I494

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2028.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I495

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.I496

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.I497

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

805.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. DAKOTA SCREEN ARTS

Mailing Address 1013 S 12TH STREET

City	State	Zip Code
BISMARCK	ND	58501

Purpose of Disbursement
T-SHIRTS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

894.64

Transaction ID : SB17.I498

B. DAKOTA SCREEN ARTS

Mailing Address 1013 S 12TH STREET

City	State	Zip Code
BISMARCK	ND	58501

Purpose of Disbursement
T-SHIRTS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

218.36

Transaction ID : SB17.I499

C. ELAVON

Mailing Address 2 CONCOURSE PKWY

City	State	Zip Code
ATLANTA	GA	30328

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

99.94

Transaction ID : SB17.I503

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1212.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. ELAVON

Mailing Address 2 CONCOURSE PKWY

City	State	Zip Code
ATLANTA	GA	30328

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

99.94

Transaction ID : SB17.I504

B. ELECTION CFO, LLC

Mailing Address P.O. BOX 26141

City	State	Zip Code
ALEXANDRIA	VA	22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

3630.93

Transaction ID : SB17.I505

C. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR

City	State	Zip Code
SAINT LOUIS	MO	63105

Purpose of Disbursement
CAR RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

395.16

Transaction ID : SB17.I506

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4126.03

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR

City	State	Zip Code
SAINT LOUIS	MO	63105

Purpose of Disbursement
RENTAL CAR

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

234.12

Transaction ID : SB17.I507

B. FOUR SEASONS

Mailing Address 44705 BIRCH POINT RD

City	State	Zip Code
CABLE	WI	54821

Purpose of Disbursement
EVENT VENUE, FOOD & BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

1875.62

Transaction ID : SB17.I508

C. HOLIDAY INN

Mailing Address P.O. BOX 30321

City	State	Zip Code
SALT LAKE CITY	UT	84130

Purpose of Disbursement
ACCOMMODATIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

302.87

Transaction ID : SB17.I513

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2412.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN

Mailing Address P.O. BOX 30321

City	State	Zip Code
SALT LAKE CITY	UT	84130

Purpose of Disbursement
ACCOMMODATIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

285.10

Transaction ID : SB17.I514

B. HOLIDAY INN

Mailing Address P.O. BOX 30321

City	State	Zip Code
SALT LAKE CITY	UT	84130

Purpose of Disbursement
ACCOMMODATIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

285.10

Transaction ID : SB17.I515

C. HOUSE GIFT SHOP

Mailing Address US HOUSE OF REPRESENTATIVES

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement
VOLUNTEER APPRECIATION GIFTS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

136.60

Transaction ID : SB17.I517

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

706.80

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. HOUSE GIFT SHOP

Mailing Address US HOUSE OF REPRESENTATIVES

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement
VOLUNTEER GIFTS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

49.20

Transaction ID : SB17.I518

B. INTUIT

Mailing Address 2632 MARINE WAY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

39.95

Transaction ID : SB17.I519

C. INTUIT

Mailing Address 2632 MARINE WAY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

39.95

Transaction ID : SB17.I520

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

129.10

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. LAVENTURE LLC

Mailing Address 2632 E DIVIDE AVE

City	State	Zip Code
BISMARCK	ND	58501

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

2435.00

Transaction ID : SB17.I530

B. LAVENTURE LLC

Mailing Address 2632 E DIVIDE AVE

City	State	Zip Code
BISMARCK	ND	58501

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

2435.00

Transaction ID : SB17.I531

C. MERCH BANKCARD

Mailing Address 400 S DIXIE HWY, SUITE 411

City	State	Zip Code
BOCA RATON	FL	33432

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

63.88

Transaction ID : SB17.I532

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4933.88

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. MERCH BANKCARD

Mailing Address 400 S DIXIE HWY, SUITE 411

City	State	Zip Code
BOCA RATON	FL	33432

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

54.77

Transaction ID : SB17.I533

B. MOSAIC FOODS

Mailing Address 309 ROBERTS STREET NORTH

City	State	Zip Code
FARGO	ND	58102

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

768.32

Transaction ID : SB17.I534

C. PAYPAL, INC.

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I572

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

853.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. PAYPAL, INC.

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

63.67

Transaction ID : SB17.I573

B. PAYPAL, INC.

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

0.90

Transaction ID : SB17.I574

C. PAYPAL, INC.

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

32.77

Transaction ID : SB17.I575

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

63.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. PAYPAL, INC.

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

95.56

Transaction ID : SB17.I576

B. PAYPAL, INC.

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.I577

C. REEL LOVE VIDEOS

Mailing Address 421 RIVERSIDE PARK ROAD

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
PHOTOGRAPHY AND VIDEO SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I583

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2597.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. SAM'S CLUB

Mailing Address 2821 ROCK ISLAND PLACE

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

193.92

Transaction ID : SB17.I543

B. SAM'S CLUB

Mailing Address 2821 ROCK ISLAND PLACE

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

123.48

Transaction ID : SB17.I544

C. SHANNA WOODBURY CONSULTING, LLC

Mailing Address P.O. BOX 120697

City	State	Zip Code
SAINT PAUL	MN	55112

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

910.00

Transaction ID : SB17.I546

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1227.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. STADRI EMBLEMS

Mailing Address 1760 GLASCO TURNPIKE

City	State	Zip Code
WOODSTOCK	NY	12498

Purpose of Disbursement
LOGO EMBROIDERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

239.50

Transaction ID : SB17.I582

B. STAPLES

Mailing Address 840 S WASHINGTON

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

30.27

Transaction ID : SB17.I547

C. STARBUCKS

Mailing Address 2401 UTAH AVE S

City	State	Zip Code
SEATTLE	WA	98134

Purpose of Disbursement
FOOD & BEVERAGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

193.50

Transaction ID : SB17.I549

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

463.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
EMPLOYER TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

165.21

Transaction ID : SB17.I553

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
EMPLOYER TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

146.81

Transaction ID : SB17.I554

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
EMPLOYER TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

157.41

Transaction ID : SB17.I555

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

469.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
EMPLOYER TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

139.81

Transaction ID : SB17.I556

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

32.15

Transaction ID : SB17.I557

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

32.15

Transaction ID : SB17.I558

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

204.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

32.15

Transaction ID : SB17.I559

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City	State	Zip Code
GLENVIEW	IL	60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

32.15

Transaction ID : SB17.I560

C. THEODORE COMPANY LLC

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDRIA	VA	22308

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

7020.00

Transaction ID : SB17.I561

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7084.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. THEODORE COMPANY LLC

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDRIA	VA	22308

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 29 / 2014

Amount of Each Disbursement this Period

1297.34

Transaction ID : SB17.I562

B. THEODORE COMPANY LLC

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDRIA	VA	22308

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 13 / 2014

Amount of Each Disbursement this Period

1259.27

Transaction ID : SB17.I563

C. UNISOURCE DIRECT

Mailing Address P.O. BOX 82

City	State	Zip Code
WATERTOWN	WI	53094

Purpose of Disbursement
DIRECT MAIL CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 05 / 2014

Amount of Each Disbursement this Period

8225.25

Transaction ID : SB17.I564

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10781.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. UNISOURCE DIRECT

Mailing Address P.O. BOX 82

City	State	Zip Code
WATERTOWN	WI	53094

Purpose of Disbursement
DIRECT MAIL CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period

8018.03

Transaction ID : SB17.I565

B. UNITED PRINTING

Mailing Address 117 W FRONT AVE

City	State	Zip Code
BISMARCK	ND	58504

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 10 / 2014

Amount of Each Disbursement this Period

1514.88

Transaction ID : SB17.I566

C. US BANK

Mailing Address 200 NORTH 3RD STREET, #200

City	State	Zip Code
BISMARCK	ND	58501

Purpose of Disbursement
BANK SERVICE CHARGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 14 / 2014

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.I568

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9607.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 303 NORTH 4TH STREET

City	State	Zip Code
BISMARCK	ND	58501

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

245.00

Transaction ID : SB17.I569

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

245.00

64094.08

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 67 OF 67

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Cramer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kevin CramerNature of Debt (Purpose):
travel reimbursement

Mailing Address 4256 Highcreek Rd

City State

Zip Code

Bismark

ND

58503

Outstanding Balance Beginning This Period

3621.20

Transaction ID : 2014Q1.1

Amount Incurred This Period

1040.12

Payment This Period

3621.20

Outstanding Balance at Close of This Period

1040.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1040.12

2) **TOTALS** This Period (last page this line number only)

1040.12

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1040.12